

MISSOURI DEPARTMENT OF REVENUE DIVISION OF TAXATION AND COLLECTION P O BOX 2200, JEFFERSON CITY, MO 65105-2200

FORM **MO-96**

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D Marrie 10 - =	MARY AND TRANSMITTAL OF MISSOUR	I FORMS MO	-99 MISC.	(REV. 10-2002)				
NOTE: Enter the total numb	er of Federal 1099 NEC forms if substituted fo	r the Missouri	Form MO-99 I	MISC.	•			
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NUMBER OF DOCUMENTS		ORIGINAL	ORIGINAL ICORRECTED TO		/ER NO.	WITHOUT TAXPAYER IDENTIFYING NO.		
PAYER'S identifying number								
	, address, and ZIP code above.	Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65108-2200 I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting suc numbers from the recipients, but did not receive them.						
SIGNATURE	TITLE	DATE						
MO 860-1106 (10-2002)	This publication is available upon req	uest in alterna	ative accessibl	e format(s).				
DIVISION OF TA P O BOX 2200, J	RTMENT OF REVENUE XATION AND COLLECTION EFFERSON CITY, MO 65105-2200 MARY AND TRANSMITTAL OF MISSOUR	I FORMS MO	9-99 MISC.	FORM MO-96 (REV. 10-2002)		200		
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NOTE: Enter the total number of Federal 1099 NEC forms if substituted for the Missouri Form MO-99 MISC.							
ENTER		All documents are: (Place an "X" in the proper boxes.)					
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PAYER'S identifying number	>						
	Mail to: Missouri Department of Revenue P.O. Box 2200 Jefferson City, Missouri 65108-2200						
Type or Print PAYER'S name, add	dress, and ZIP code above.	I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return. In the case of documents without recipients' identifying numbers I have complied with the requirements of the law by requesting such numbers from the recipients, but did not receive them.					
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